



AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS *in Occupational Medicine* **Newsletter**

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September 2008

From the President



New President seeks symbiotic mutualism for AAPA-OM

**by Gina Glass, PA-C, M.S., DFAAPA
President**

As we recover from the severe flooding in Iowa this summer, I am constantly reminded of the importance of our profession. Wherever I go, I see workers in white jump suits with masks on their faces as they go about their duties to try to restore the buildings on campus and in the community.

Although most professions are not so visible, we all rely on workers to provide us our energy, food, transportation, and safety among many other services. We as Occupational Medicine PAs have the honor to provide medical services to these workers. My biology background reminds me that this is a symbiotic relationship that we have with our patients: we care for them so that they can take care of us and our community.

As leaders of our professional organization, we also have a symbiotic relationship with our members. For those of you who may remember, symbiotic relationships can be further characterized into *mutualism* (where both species benefit), *commensalism* (where one species benefits and the other is unaffected), *parasitism* (where one species benefits and the other is harmed), *competition* (where neither species benefits), and *neutralism* (where both species are unaffected.) It is my goal this year to assure that the relationship between the AAPA-OM leaders and members is a great example of symbiotic mutualism, where we both benefit. I have been amazed over and over again by the talent and commitment I see in you, my Occupational Medicine Colleagues. Thank you for your dedication to the physician assistant profession, and specifically to Occupational Medicine and our specialty organization. Your membership is just the beginning ~ I invite each of you to contribute in any way you can to AAPA-OM so that your membership is not commensal. Consider writing a newsletter article, submitting a lecture to be given at AAPA, or serve on a committee. In return, the leadership of AAPA-OM is exploring new ways to provide you with even more value to your membership.....look forward to hearing more about this in the near future.

Glass begins term to follow her dream

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I have been honored to have been awarded a \$500 scholarship from the PA-Physician section of ACOEM to present a lecture entitled “Detection and Management of Alcohol Use Disorders in the Workers’ Compensation Setting” at the AOHC conference in San Diego next April. Although I have not heard back from the ACOEM CME committee, I am hopeful that this topic will be accepted. I look forward to representing our profession as a speaker at this conference, and hope that many more PAs will be invited to share their knowledge and expertise as conference faculty in the future.

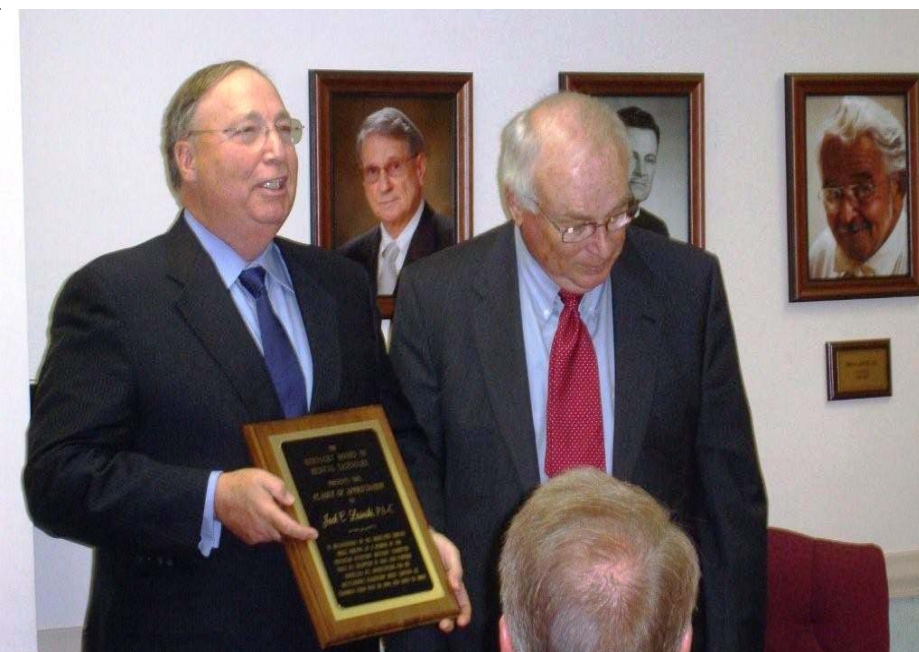
I am both pleased and honored to serve as President of AAPA-OM for the 2008-9 leadership year. As I mentioned in a President Elect newsletter article last year, I am proud to follow the footsteps of so many capable leaders who have spearheaded many accomplishments within AAPA-OM, and I look forward to continuing to make our great organization better and stronger. We can take our organization as far as our passion, our energy, our imagination and our determination allow. The only limitations we face are those we place on ourselves. If we dream together and work together, we will succeed together. I am pleased to be surrounded by a Board of Directors, leadership, and committee membership that include both new and experienced people. We need new ideas and excitement, as well as the voices of experience.

I look forward to continuing to dream and work together with our leadership, members, and support staff over the next year. Please feel free to contact me at any time with your ideas, suggestions or offer to help.

Lasoski receives KBML honor

Jack C. Lasoski, PA-C was recently presented a plaque by Preston P. Nunnelley, M.D. , President of the Kentucky Board of Medical Licensure at their meeting in Louisville on June 26, 2008. The plaque of appreciation was presented

“In recognition of his dedicated service while serving as a member of the Physician Assistant Advisory Committee since it’s inception in 1988 and further expresses it’s appreciation for his outstanding leadership while serving as Chairman from 1992 to 1996 and 2004 to 2008”. Jack was also honored with a Kentucky Colonel commission by Governor Steven L. Beshear.



Past-President thanks membership for the opportunity to serve



by **Thomas G. Powell, PA-C**
Past President

It's been a year since you honored me by allowing me to serve as your President. Over the past year I have had the privilege of representing you at the first Specialty Organization Show Case, when the Florida Academy invited us in February. Your new President and I had a good time talking to prospective members, discussing the advantages of AAPA-OM membership.

I then got to represent you in New York with the American College of Occupational and Environmental Medicine when Jack Lasoski and I manned a booth at their conference. At the National Convention in San Antonio PriCara came through for us by sponsoring our general membership meeting and a lecture. Our new President, Gina Glass, gave an outstanding talk; we had a good meal and a good membership meeting.

I had the privilege of presenting to the Board some plaques to say thank you for their hard work and dedication to AAPA-OM. Your board made my job easy. We held election for new officers and Rebecca stepped forward to accept the nomination as President-Elect after doing an outstanding job as the Chief Delegate. Ed Sorace agreed to fill in as Chief Delegate while continuing to do the newsletter, and Hilda Baesa stepped up as the new Director at Large. Regina Lee will continue as Secretary and Susan Golanski has agreed to continue as Treasurer. As Maria Kennickle graduates Remy Arnold has stepped up to fill her shoes.

As I assume my role as Past President, I am confident that Gina Glass, leading this new Board, will do a fantastic job of continuing to grow AAPA-OM. She brings new ideas and new leadership style, with fresh ideas to make AAPA-OM event better. We will be starting a new membership drive and are looking at new and innovative ways to fund some of the things that we want to do. Soon you should get a survey to measure how good a job you think the Board is doing. We will also be looking at why some of our members have decided not to renew their membership. I am excited to work with Gina as she leads us into the future.

I would like to again thank all of you for your confidence in me by bestowing the honor of serving as your President this past year. I cannot thank the Board enough for their support during my tenure. I will continue to work with the new Board and Gina to make AAPA-OM grow and prosper.

AAPA-OM seeking volunteers in several areas

The AAPA-OM Board of Directors is lookin for volunteers in several areas, including: (1) topic/speaker suggestions for San Diego AAPA to Barb Fayette; (2)newsletter articles (an interesting case or topic summary); (3) serve on or ideas for membership committee, etc. Contact a BOD member or President Gina Glass if you can volunteer in some way.



Chronowski relates experience as a “Test Guinea Pig” for the Proposed National Registry of Certified Medical Examiners

**by Rebecca Chronowski PA-C
President-Elect & Membership Chairperson**

The day started just like any other day, seeing patients and checking e-mails. Through my membership and involvement with AAPA-OM, I knew there was talk of a national certification of practitioners to perform commercial motor vehicle driver medical examinations. An e-mail came from fellow AAPA-OM colleague, Karl Wagner, who is on the national committee forming the rules and testing for this proposal. The e-mail request was simple enough, “we need people to sign up for testing modules and pre-test for the NRCME”.

I thought, “Just what I need to do in my spare time is study for a test that may never be required.” However, the more I thought about it, I figured that it might be worth my while to sign up and be in on the ground floor, if the test would be required in the future. I contemplated and discussed it with my supervising physician, who was supportive, but not quite sure of the probability of the test becoming required. Of course, I signed up. The modules were assessable on-line, were remarkably straightforward, and helped to increase my understanding of the rules and regulations of the DOT physical.

I reviewed the modules, which took approximately 5-6 hours. Then came the day to take the “pre-test”. During the drive to the testing center, old memories and anxiety of PA school and taking board exams kicked in, and I became a nervous even though the test did not even count (talk about type A traits setting in)! The test process went smoothly, and I must say that if the board test is like the mock test, it is not bad. It tested the modules and covered all the areas that are examined in a DOT physical.

It will be some time before the final decision is made and then implemented to require a certification exam to perform truck driver physicals. Awareness of the “behind the scenes activity” is important to prepare for what is on the horizon if the certification becomes the standard of care. One way to stay on top of the changes is membership in the AAPA-OM. Membership in this organization has been important to me in this regard. I invite you to share this information to your colleagues who perform commercial motor vehicle driver medical examinations and invite them to join AAPA-OM for continued coverage of future developments.

Remy Arnold takes the reins as new AAPA-OM student representative

Remy Arnold, a second year PA student from Florida, was elected to the role of national student representative for the 2008-2009 Occupational Medicine constituency group of the AAPA. At the mid-point of the emergency medicine clinical rotation, he sees and treats a variety of patients during the prime time of this year's hurricane season.

In an introductory message to fellow PA students, Remy says "I am grateful for the AAPA-OM student representative role. It is a golden opportunity to participate in AAPA activities and learn so much about the organization's strategic approach to boldly and intelligently promote and broaden the role of the physician assistant at the patient, community and national levels. As future physician assistants, we are not only a vital extension of the physician, but also leaders within the ever changing landscape of our nation's healthcare infrastructure.

Much can and should be done to further promote our mission of providing excellence in healthcare, physical medicine and rehabilitation, and patient education. Occupational medicine is an excellent career choice to do all of these things while having satisfaction in a job well done. Our broad education and training creates an excellent fit for the role of correctly diagnosing job-related injuries. We can help employees make a healthy return to work and the quality of life they seek for their families through our clinical skill set and patient-centered treatment efforts each and every day."

Rumors squelched concerning PA's not being allowed to from performing DOT's

A rumor was making the rounds at the AAPA annual conference that the DOT Medical Review Board recently recommended that only MDs and DOs perform the physical examinations for commercial truck drivers' certification. The timing seems so odd for this discussion since the Department has invested so much in developing the proposed registry of certified medical examiners.

Dr. Maggi Gunnels, PhD, MS, Director, Medical Programs, Federal Motor Carrier Safety Administration has dispelled those rumors in a communication last week to Sandi Harding and said there is no truth to this. She did share that there were a couple of specific recommendations where certain high risk individuals see physicians. There is no plan to eliminate PAs from the medical oversight and certification process (or registry, etc.).

2008 House of Delegates Chief Delegate Report from the AAPA Conference in San Antonio

**by Rebecca Chronowski PA-C
President-Elect & Membership Chairperson**

The HOD in San Antonio, Texas was the most efficiently run to date! Many resolutions and policies were up for approval. Some of the highlights include the increase of annual AAPA fellow member dues by \$35 to \$250 annually. Retired members category dues are set at 75 dollars per year. This will generate more than \$750,000 annually to aid in keeping up with rising costs of running the Academy. The last dues increase was passed by the House in 1999.

Resolution 2008-B-01, Dissolution of the Pathway II Recertification Examination failed. The Resolution would have charged the HOD to conduct an open forum with the NCCPA and comment period regarding the retention of the Pathway II Recertification Exam to the NCCPA. After much debate and discussion, it was concluded that the NCCPA has already had ongoing debate within regarding Pathway II. It is felt that the time for an open forum and comment period is past. Spokesperson from the NCCPA spoke and brought to our attention the pass rates of each exam. For Pathway II the pass rate is 86%. The pass rate for Pathway I is 96%. Beginning March, 2009, the NCCPA will have 'Practice-Focused PANRE'. The areas of focus are Primary Care, Surgery, and Internal Medicine. The goal is to have one test that reflects the main areas of practice for most PA s.

Ultimately, the decision to continue or dissolve Pathway II rests with our certification body, which is the NCCPA.

Resolution 2008-B-02, Ten-Year Recertification Cycle passed. The Resolution supports the NCCPA as they proceed with re-evaluation of the recertification process in its entirety.

Resolution 2008-B-03, Continuing Education-Requirement for License Renewal, was rejected. The Resolution would have stated that continuing medical education should be required for PA State license renewal. While most support and complete CME requirements. Tying it to State licensure would be difficult to monitor and enforce.

Resolution 2008-B-05, AAPA's Support of Regional Meetings, passed. Support of regional meetings at such events as AAPA annual meeting, winter meetings, and Adventures in Lobbying meetings would be recognized and supported.

Resolution 2008-C-14, Encouraging Use of the Term Physician Assistant, passed. It states "the AAPA believes that whenever possible PA s should be referred to as "Physician Assistants" and not combined with other providers in indirect, non-specific terms such as "mid-level practitioners", "advanced practice clinician", or "advanced practice provider". Also, PA s should utilize and

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2008 House of Delegates Chief Delegate Report

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encourage employers, third party payers, educators, researchers, and the government to use the term “physician assistant” or “PA” to reflect the unique position of PAs in the health care system.”

There were several other positions papers and policy papers that were amended. You can find a complete list at the AAPA website under ‘House of Delegates’.

I would like to thank AAPA-OM for the opportunity to serve as Chief Delegate in the House of Delegates for the past two conferences. I look forward to more learning opportunities over the next year as your President-Elect.

Advocacy News from AAPA’s Mailbox

These notes were sent out by e-mail to AAPA members on July 28, 2008

*** Global AIDS**

At last! The House and Senate cleared a five-year, \$48 billion reauthorization and expansion of global AIDS, TB, and malaria programs last week. The President is expected to sign the bill (HR 5501). You thought it was a \$50 billion bill? It was, but the Senate decided to put aside \$2 billion for American Indian health care, law enforcement, and water programs. Good causes all around.

*** Rural Health**

The role of PAs in rural health was raised by two congressmen during a House Agriculture subcommittee hearing last week. Reps. John Salazar (D-CO) and Adrian Smith (R-NE) questioned government spokesmen about incentives to recruit and retain PAs in rural areas and enhance their scope of practice. The subject of the hearing was federal programs that address rural health needs, some of which are funded by USDA.

*** Access to Care**

Speaking of rural health, the Department of Health and Human Services has withdrawn its proposed rule changing the way health professional shortage areas are designated. In May AAPA and other groups suggested that HHS go back to the drawing board and we’re glad to see they took our advice.

*** DOT Physicals**

There will be increased pressure on the Department of Transportation to finish its revamping of medical exams for commercial drivers licenses. At a House Transportation subcommittee hearing last week, the General Accountability Office reported that over half a million CDL holders receive full federal disability benefits. GAO also found lots of room for improvement in the system. Read the short but scary report here: <http://www.gao.gov/new.items/d081030t.pdf> <<http://www.mmsend3.com/lis.cfm?r=5131434&sid=4490442&m=535834&u=AAPA&s=http://www.gao.gov/new.items/d081030t.pdf>> .



ACOEM LIASION REPORT

by **Jack Lasoski**
ACOEM Liaison

Term	01/01/05 - 06/30/08
Staff Advisor	Sandy Harding Kodi Erb

Meetings Attended

- * AOHC/ACOEM HOD meeting 05/04/07-05/09/07 New Orleans
- * AAPA Annual Conference 05/26/07-05/31/07 Philadelphia
- * AAPA Medical Liaison Meeting 07/29/07-07/30/07 Alexandria
- * SOTAC/ACOEM HOD meeting 10/25/07-10/28/07 Vancouver
- * AOHC/ACOEM HOD meeting 04/10/08-04/16/08 New York City

Important Upcoming Dates

- * AAPA Annual Conference 05/24/08-05/29/08 San Antonio
- * AAPA Medical Liaison Meeting 07/27/08-07/28/08 Alexandria
- * ACOEM HOD meeting 11/07/08-11/09/08 Albuquerque

Key Results

* Develop improved relationship with the American College of Occupational and Environmental Medicine by attending their annual spring and fall conference and meeting key members of their staff and interacting with Occupational Medicine Physician leadership. Need to interact with at least two new staff members and two new members of the Board of Directors.

I attended the ACOEM HOD spring meeting in May, 2007 in New Orleans, the HOD fall meeting in October, 2008 in Vancouver, and the early ACOEM AOHC meeting in New York in April, 2008. I have met several new ACOEM staff members including Mike Hoffman, new ACOEM membership manager, and Barbara Choyke, Director of Education. I also had the opportunity to meet and get better acquainted with Dr. Robert Orford, ACOEM President, Dr. Natalie Hartenbaum, ACOEM Vice President, and Dr. Karl Auerback, ACOEM Secretary/Treasurer. I have been well received at all the meetings that I have attended. We were fortunate to have the ACOEM BOD recommend a bylaws change that was specifically targeted to our Physician/ PA section at the New Orleans spring ACOEM meeting and adopted by the general membership. The Bylaws Amendment resulted in Dr. James Butler, Chairman of our section, to have an official vote in the HOD at the fall Vancouver meeting and the just completed April HOD session.

* Play an active role in AOHC continuing medical education in order to develop a better understanding of the role of a PA in the occupational medical setting. Further develop the MD/PA section educational grant and make arrangements for a PA to be a speaker at the 2009 AOHC Conference. Investigate the possibility of an eight hour workshop at the 2008 AAPA Conference in San Antonio, when FMCSA gives formal approval of the DOT Medical Registry course

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ACOEM LIASION REPORT (continued)

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requirements. Further develop my professional relationship with Dr. Natalie Hartenbaum in order to further this endeavor.

I have been in preliminary discussions with Gina Glass, president-elect of AAPA-OM, and Barbara Choyke, ACOEM director of education, about presenting a CME session sponsored by our section at the 2009 AOHC in San Diego scheduled for April 26-29, 2009. Barbara indicated there might be a 90 minute or 180 minute block that Gina could use as a conference speaker. I have made arrangements for our section to sponsor her at the conference if agreeable to all involved. The section also awarded Gina a grant in order to help accomplish our goal of having a PA speaker at the conference. I had an opportunity to talk to Dr. Hartenbaum on several occasions at the recent AOHC in New York and she indicated a family conflict with being a speaker at the AAPA conference this year. Natalie will be in line for the ACOEM president-elect next year and it would be to our advantage to continue to utilize her talents with regard to DOT workshops. She also was very supportive in my conversation with, Dr. Orford, ACOEM President in attending the 2009 AAPA San Diego Conference. The DOT Medical Registry is nearing completion after a prolonged journey. Karl Wagner is the lead in keeping us informed of the progress.

* Promote the Occupational Physician/Occupational Physician Assistant Section. We need to expand the PA Affiliate membership and to increase the ACOEM Physician members in order to assure that there are no less than fifty active members. Support the MD/PA Section chairman and vice chairman by giving them monthly updates of activities. Make arrangements for the annual section meetings and prepare the annual minutes for ACOEM revue. Keep section members informed by sending them newsletters of our activities.

We have been successful in promoting the Physician/Physician Assistant Section throughout this past year. We have increased the occupational physician members by 15% and have added a few more PA affiliate members. Our physician members are 10% above the goal as of April 3, 2008. I have been in contact with both the chairman and vice chairman on a monthly basis and have kept them informed of my activities. I made arrangements for the Section dinner meeting in New York on April 15, 2008 at Junior's Restaurant across the street from the conference hotel. I also made out the Agenda for the meeting that was sent out to all Section member officers. The meeting went as planned and was followed by a social hour. I wrote the minutes afterwards and sent them to the ACOEM staff as required, as well as to all Physician and Physician Assistant ACOEM Section members.

* Attend Biannual House of Delegates meetings at the spring American Occupational Health Conference and at the fall State of the Art Conference in order to influence resolutions that have the potential to impact the PA profession. Arrange to be invited to each of the HOD meetings each year and strive to work on their committees while in attendance. Assure that the recent Bylaw Amendment that passed that gives our section representation is not altered.

Arrangements were made with Jerri Abrahamsen, ACOEM HOD Manager, and through her help I was invited to all the HOD meetings this past year. I was listed as an official guest in the HOD

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ACOEM LIASION REPORT (continued)

handbook and I might add that I was the only one who was not a physician delegate or physician BOD member that was listed. I was able to check in at their credentials desk and was given my own HOD Handbook and an official badge. In the opening remarks by the Speaker of the House, Dr. Marylyn Howarth, talked about the diversity of the ACOEM, and specifically mentioned our Physician Assistant Section. Prior to her opening remarks we spoke for several minutes and I was warmly received. There was only one resolution that was presented that directly impacted our section and it involved section responsibilities and additional duties. The resolution added four provisions that are not in the current bylaws that sections shall meet in order to maintain their status as a recognized Section. Our section has complied will all provisions passed with the exception of one that provides an FRO, charter, statement of purpose to the ACOEM staff and update and confirm the accuracy of the document at least every three years. Dr Butler, our section delegate, was chairman of the Clinical Practice Resolution Committee, one of eight HOD work groups. I was invited to participate in the discussions and played an active role. Dr. Brian Svazas, who is the Physician/Physician Assistant Section associate chairman, also invited me to participate in the Scientific Affairs work group that he chaired. Dr. Svazas, who has been extremely active in our section and is considered a leader in the House of Delegates, has been nominated by the HOD to be a member of the BOD. I was invited along with Dr. Svazas to attend the Council on Special Occupational Health Interest. The chairman of the SOHI, Dr William Buchta is also the Speaker-Elect of the HOD. I was allowed to take part in a lively discussion regarding streamlining the resolution process and changes that are being proposed for future HOD meetings.

* Promote PA exposure to attendee's at the AOHC though use of the AAPA Exhibit Booth, in order to market PA's for potential Occupational PA positions. Make arrangements to have the AAPA exhibit at the 2008 AOHC in New York in April, 2008. Recruit PA's that are in attendance to be actively involved in helping with exhibit activities.

Arrangements were made with David Ashner, AAPA communications project manager for the AOHC conference in New York in April.

Updated AAPA Exhibit handouts relevant to occupational medicine were made available. The new AAPA-OM tri-fold exhibit and handouts were a result of the work done by Ed Sorace, Gina Glass, Tom Powell, and Paul Leahy. I must publicly thank Wayne (Skip) Boulton, an ACOEM Affiliate PA from Alaska and Thomas Powell the current AAPA-OM President for volunteering to help me at the AAPA Exhibit booths at both the 2007 and 2008 AOHC .

* Keep AAPA-OM informed of my activities through quarterly newsletter articles and participation in their Board of Directors conference calls. Support the AAPA-OM President's involvement in ACOEM activities.

I have been an active member of the AAPA-OM and have attended all BOD meetings and conference calls. I have submitted quarterly reports to the BOD as well as presented articles for

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ACOEM LIASION REPORT (continued)

their newsletter. I have presented a motion to include a budget item for AAPA-OM's president to be included in annual ACOEM meetings and it was accepted. I was honored with the AAPA-OM 2007 PA of the Year for my activities.

* Advertise the new PA scholarship offered by the MD/PA Section and get applications reviewed by the scholarship committee in order to make a presentation at the AOHC MD/PA Section annual meeting in April, 2008 The PA scholarship committee has been formed and consists of James Butler, MD, Ed Sorace, PA-C, Karl Wagner, PA-C, and Jack Lasoski, PA-C. Promotion of the \$500 scholarship was made through our Section newsletter; the ACOEM newsletter; the AAPA-OM newsletter; and the AAPA newsletter. Gina Glass, PA-C an ACOEM Affiliate PA member and President-Elect of AAPA was awarded the \$500 grant and the announcement was made at the April 15, 2008 Physician/PA Section meeting in New York City.

Important Players

- * ACOEM Board of Directors-
 1. President - Robert R. Orford MD, CM,MS,MPH
 2. President-Elect- Pamela A. Hymel, MD, MPH
 3. Vice President- Natalie P. Hartenbaum MD, MPH
 4. Secretary/Treasurer- Karl Auerbach, MD, MS, MBA
- * ACOEM Speaker of the House- Marilyn V. Howarth, MD, MPH
- * ACOEM Speaker -Elect- James A. Tacci, MD, JD, MPH
- * ACOEM BOD (3 years) -Marilyn V. Howarth, MD
- * Ronald R. Loepke, MD
- * Mark A. Roberts. MD
- * Joseph A. Fortuna MD
- * BOD (2 year) Charles M. Yarborough III, MD
- * ACOEM Chair Physician/PA Section- James W. Butler, MD
- * Associate Director MD/PA Section- Brian Svazas, MD
- * Assistant Director MD/PA Section- Otis Cosby, MD
- * ACOEM Director of Education - Barbara Choyke
- * ACOEM Membership/HOD Manager - Jerrie Abrahamsen
- * ACOEM Conference Coordinator - Rochelle Rubenacker
- * ACOEM Information Services - Miles Hoffman
- * ACOEM Session Contact- Ross Myerson
- * ACOEM Courses Staff Manager- Jay Seml.



AAPA-OM Projected Budget for 2008-09

by Sharon Golanski, PA-C
Treasurer

AAPA-OM Budget July 2008-June 2009
Approved at 5/27/2008 Membership Committee

PROJECTED INCOME

MEMBERSHIP

175 Fellows @ \$75 ea =	\$13,125
10 Students @ \$10 ea =	\$ 100
5 Physicians @ \$75 ea =	\$ 375
<u>10 Associates @ \$50 ea =</u>	<u>\$ 500</u>
	\$14,100

NON-DUES REVENUE

Newsletter ads	\$ 500
Annual meeting sponsorship	\$ 1,500
<u>Other grants/donations</u>	<u>\$ 200</u>
	\$ 2,200

TOTAL INCOME: \$16,300

PROJECTED EXPENSES

MANAGEMENT FEES

July- September 2008 =	\$1,938
October – December 2008 =	\$1,938
January– March 2008 =	\$1,938
<u>April - June 2008 =</u>	<u>\$1,938</u>
	\$7,750 Subtotal Management Fees

MEETING EXPENSES

AAPA-OM rep to ACOEM	\$1,200
<u>Leadership Training</u>	<u>\$ 750</u>
	\$1,950 Subtotal Non-AAPA

AAPA 2009 Conference

Membership mtg.	\$1,500
Chief Delegate	\$1,200
Student Rep	\$ 500
Booth	\$ 400
BOD meeting	\$ 350
<u>Misc. Conf. exp.</u>	<u>\$ 500</u>

\$4,450 Subtotal AAPA

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NEWSLETTER

4 Quarterly Newsletters @ \$325 ea = \$1,300 Subtotal Newsletters

MISCELLANEOUS EXPENSES

Membership Committee	\$500
Awards	\$250
<u>Treasurer</u>	<u>\$100</u>
	\$850 Subtotal Miscellaneous

TOTAL EXPENSES: \$16,300

Scenes from AAPA-OM in San Antonio



AAPA-OM members Jack Lasoski, Becky Chronowski, President Gina Glass and Ed Sorace pose at the AAPA-OM booth at the annual AAPA conference. Volunteers hosted the booth for two days during the conference.

CME Committee making plans for San Diego

by Barb Fayette PAC
CME Committee Chair

Greetings one and all;

Our CME committee is working hard on coming up with some great topics and talks for San Diego. We'd love to hear from you so please if you ever have an interest or need please contact us thru AAPA.

This last year we got some great feedback and attendance to our talks in San Antonio that the information was informative to all practicing P.A.'s.

Our deadline is September 15 so please give a call if you have a topic that you'd like to see entertained.

United States Employees Compensation Commission Right to Compensation for Personal Injuries of Civil Employees of the United States

In accordance with the Act of Congress approved Sept 7, 1916, superseding the Compensation Act of May 30, 1908 and its amendments,

Any civil employee of the United States, who sustains a personal injury while in the performance of his duty, is entitled to receive reasonable medical, surgical, and hospital services and supplies to be furnished by United States Medical Officers in hospitals where possible.

And if the injury results in disability of more than three days, compensation is payable beginning with the 4th day. The compensation payable during total disability is at a rate of 2/3 of the monthly pay but cannot exceed \$116.66 a month.

Annual or sick leave, where available and subject to the rules of the employees Department or place of employment may be used in preference to compensation under the Compensation Act.

Katarina Briedova New COMS Manager

Dear AAPA-OM Members:

Recently I was asked by Jessica Cosgriff, AAPA Director for Constituent Organization Management Solutions to write a short article introducing myself. I thought a lot about what and how to write and found it was very difficult. I think I am more of a doer than a talker. Anyway... let me introduce myself.

My name is Katarina Briedova and I was hired for the position of Manager, COMS, and I will soon be working with each of you as the manager of AAPA-OM. I am looking forward to this new challenge and bringing my experience, initiative, leadership and management talents to the AAPA. With this experienced board and my past work experience, I know we will develop many exciting new projects.

On a personal note, I was born in the Slovak Republic in the beautiful town of Banska Bystrica surrounded by the majesty of the Low Tatras. Slovakia was the place where I earned degrees in management of cultural programs and events and in electronic technology. When the “velvet revolution” in 1992 broke the barriers and opened the borders I had an opportunity to realize my dream and move to the United States. To assimilate with the society and culture I needed to learn the language. After learning English, I earned a high school diploma and a university degree in international business with a minor in human resources.

My first career opportunity here in the USA was with The Mathematical Association of America in Washington, DC as a programs coordinator. The position included two major responsibilities: chapter relations and organizing meetings. I enjoyed and had the opportunity to learn all aspects of conferences and meetings, stewardship of budgets, planning and scheduling, researching and analyzing, developing marketing materials, negotiating with hotels, preparing and presenting new programs and activities for students and faculty, working on grants - and many other skills.

My next, and most recent position was with the American Mental Health Counselors Association in Alexandria, VA. The position with AMHCA gave me the opportunity to develop further experience related to chapter relations and communication including: coordination of chapters’ activities, legislative activities, sharing of information and professional development between the national office and state offices, developing and executing a business strategy for AMHCA’s state chapters and analyzing their progress, creating press releases and other announcements. In addition, I helped to create and launch the AMHCA Foundation, and worked with the Board of Directors on a daily basis, communicated with a large number of volunteers to direct, develop and realize new projects, and carried out the association’s vision and mission.

I have to mention my best “project” — my 28 year old son, Lubos. He is a graduate of Virginia Tech with a degree in aero-space engineering and recently received his Ph.D. at George Washington University.

I hope that together we will continue discussions of new ideas and create new programs. Most of all, I look forward to working to provide you, the member, with resources you need as a practicing PA. I am looking forward to my new role as the manager of the AAPA-OM and look forward to many fulfilling and prosperous years ahead!

Cold Weather Injury Prevention

by Jonathan R.C. Green, PA-C, MPH

I know that it's still warm, not to mention hot, in most parts of the country, but winter is coming soon, so it's not too early to remind our client companies about cold injuries and how to prevent them.

When exposed to cold temperatures, the blood vessels in the hands and feet constrict in order to conserve body heat in the torso, where the vital organs (heart, lungs, liver) are. If the tissue in the hands and feet is deprived of oxygen and nourishment for long enough, it begins to slough off and die (frostbite), which can lead to permanent disability. If a worker has been out in the cold long enough to develop frostbite, he/she almost certainly will have at least some degree of hypothermia as well.

[Treatment of cold injuries is a whole other lecture, but one item to bear in mind when treating acutely injured workers in the winter time is that the signs and symptoms of shock may be initially delayed due to their peripheral vasoconstriction while they were outdoors. Their blood pressure may fall suddenly and catastrophically after they arrive in a warm medical facility.]

Workers at greatest risk include young, inexperienced workers; diabetic workers; tall, thin workers; workers who use tobacco; sleep-deprived workers (e.g. those working rotating shifts); workers who are not acclimated to cold climate (e.g. recently moved from an area with a warm climate); workers who have had a cold injury before; and older workers with chronic ailments (e.g. diabetes, hypothyroidism).

Other risk factors for cold injury include:

- a. High Winds - air blowing on the skin takes away body heat via convection. This is why the wind-chill factor is as important as the temperature reading in determining risk of cold injuries.
- b. Precipitation - when someone gets wet, the moisture conducts away his/her body heat much more rapidly, putting him/her at a greatly increased risk of cold injury. And of course, moisture due to sweating carries the same risk, which is why it is important to avoid overheating.
- c. Inactivity - staying active helps keep the body's "thermostat" set on HIGH, and helps maintain blood circulation in the extremities. On the other hand, sitting or standing for long periods causes the blood to pool and chill in the hands and feet. People who work as gate guards, for example, need to be relieved more frequently in wintertime, so they can walk around and warm up.
- d. Type of Clothing – wearing one heavy garment does not protect from the cold nearly so well as wearing several loose layers of clothing. The dead air spaces between layers of clothing provide insulation, and therefore greater warmth. Multiple layers of clothing can be removed as needed when a worker is doing heavy work to avoid overheating, which can lead to sweating and then chilling.

(Continued on next page)

Cold Weather Injury Prevention

Paradoxically, in cold weather workers can still become dehydrated, or even get heat injuries. In response to the flow of cold air on body surfaces, as much as 99% of blood flow on skin surfaces is redirected back to internal vital organs to keep them warm. This physiological reaction causes an increase of blood in the body core, which sends a signal to the kidneys to excrete more fluid out of the body. Workers may in turn decrease their fluid intake because they don't want to have to go to the Porta-Potty so often, and undo several layers of clothing to relieve themselves. They also drink hot beverages, many of which contain caffeine. It is therefore crucial to warn workers and their employers to continue to drink adequate amounts of fluids in cold weather.

Some handy hints to pass on to your client companies and their employees include:

- a. Listen to the weather forecasts on the radio and TV, so a "cold snap" does not take you by surprise. Pay special attention to the Wind Chill Factor or "Real Feel" segment of the predictions. Have waterproof overgarments and/or shelters available in the event of a thaw followed by a drop in temperature, or a sudden onslaught of freezing rain.
- b. Use the buddy system. Work in pairs, so you can keep an eye on your coworker for early signs of frostbite or hypothermia. Be also on the lookout for signs of dehydration, which can be subtle, such as headache, loss of appetite, constipation or lethargy.
- c. Try to schedule most outdoor tasks for the warmest part of the day (usually, later in the afternoon).
- d. If one person gets a cold injury, his/her coworkers will probably need increased surveillance and preventive measures, because cold injuries usually occur in clusters.
- e. Stay active while working outdoors – swing your arms, walk around, wiggle your toes inside your boots to keep the circulation going. Chew gum or suck on hard candy, to keep your facial muscles moving.
- f. Take frequent short breaks in warm, dry shelters to warm up.
- g. If you work outdoors most of your workshift, winter is not the best time to go on a diet. You will need more calories when working in cold weather, just to keep your body's internal "furnace" supplied with fuel. Eat a "normal" breakfast, lunch and dinner [preferably served hot], and carry a few snacks in your pocket to eat if you feel hungry at other times.
- h. Wear a clean set of clothes every day - dirt tends to pack clothing material down and compromise its insulating properties.
- i. Dress in several loose layers of clothing, because the air spaces between the layers of clothing will keep you warmer than a single heavy garment could do. Also, you can remove some layers as the day gets warmer and/or you become warmer through exertion, so as to keep from sweating.
- j. Wear a warm hat, because up to 80% of your body heat is lost through your head. If you drive a vehicle, however, don't wear headgear [e.g. hoods, balaclavas] that might restrict your peripheral vision.

(Continued on next page)

Cold Weather Injury Prevention

- k. Wearing gloves or mittens makes it harder to operate push knobs and toggles, so it is tempting to remove them. But if you do that, your fingers will get cold, which in turn will degrade your manual dexterity. Blowing on your fingers to warm them is a very bad idea: the moisture in your breath will condense on them and then make the inside of your gloves wet when you put them on again, causing your fingers to become even colder.
- l. If you have to wear a respirator while working outdoors in cold weather, don't adjust the straps too tightly – this could cut down on your blood circulation in those areas and lead to frostbite.
- m. Be especially careful if you are handling gasoline or other volatile chemicals – if they spill on you, the resulting rapid evaporation can give you an instant case of frostbite.
- n. If you wear a mustache, consider shaving it off until spring – drainage from your nose collects in the mustache hairs, and can form a “snotsicle” that will freeze your upper lip.
- o. If you wear metal-rimmed spectacles, consider changing to ones with plastic frames that are much less likely to freeze and adhere to the skin over your cheekbones. Metal piercings on exposed areas of your body put you equally at risk – you may want to take them out until spring.
- p. Above all, take care of your feet, because they are the body parts most likely to develop frostbite. To keep your feet dry, you may need to change your socks 2 or 3 times a day, and apply foot powder each time. If you happen to have exceptionally sweaty feet, try spraying them with antiperspirant deodorant before putting on your socks. When you change your socks, take the opportunity to massage your feet as well. Choose socks that are made of resilient fiber, such as wool, that will help keep your feet from touching the cold inner surfaces of your boots. The next time you buy work boots, ask for a pair with a “Nine-Ninety” last that provides adequate wiggle room for your toes. If you have to stand in one place for long periods, stand on a wooden pallet or piece of cardboard, to avoid letting your body heat seep away into the cold ground.
- q. Watch for signs of dehydration in yourself, such as dark urine, dry mouth or constipation. Drink lots of hot, sweet beverages, whether you feel thirsty or not, but go easy on coffee and tea (they will make you urinate more, and become more dehydrated). Do NOT try to keep warm by drinking alcoholic beverages – they can make you feel warmer temporarily by dilating the blood vessels in your hands and feet, but if you stay outdoors in the cold, this will make the colder blood flow back into your body's core, and put you at greater risk for hypothermia. [You shouldn't be drinking alcohol on the job, anyway!]
- r. Working outdoors in cold weather while wearing bulky clothing can make many routine tasks more difficult and time-consuming. Plan more time for accomplishing these tasks, and don't skimp on your usual safety precautions just to make up for lost time.

Mr. Green graduated from the U.S. Army PA training program in 1983, and completed a residency in occupational medicine at the University of Oklahoma in 1993. Since retiring from the Army in 1998, he has worked at the St. Mary's Occupational Medicine Clinic in Evansville, Indiana.

AAPA-OM TREASURER'S REPORT (Fiscal Year)
April 1, 2008 – June 30, 2008

Submitted by Susan Golanski, PA-C
Treasurer

BEGINNING BALANCE **\$10297.47**

INCOME

Membership Checks (7 x 75, 1 x 50)	\$ 575.00
Paypal memberships (21x7, 1x50)	\$ 1625.00
Shirts	\$ 155.00

TOTAL INCOME: **\$ 2355.00**

EXPENSES

May Newsletter	\$ 307.00
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AAPA

Mgmt fees 3-6/08: Exp 1-3/08	\$ 1522.10
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Paypal Fees (7 memberships) (23x2.48, 1x1.75)	\$ 58.75
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Plaque	\$ 58.30
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Student Conference Stipend	\$ 500.00
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Society Preservation PA Hx	\$ 100.00
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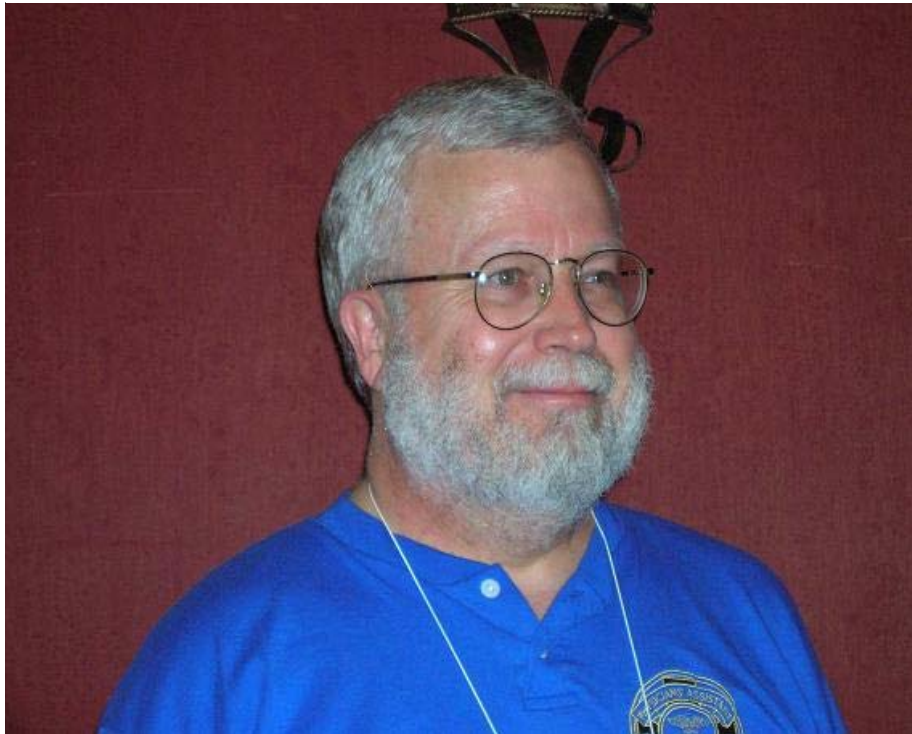
HOD expenses	\$ 990.00
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Thomas Powell, Travel	\$ 1200.00
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TOTAL EXPENSES: **\$ 4736.15**

CURRENT BALANCE: **\$7916.32**

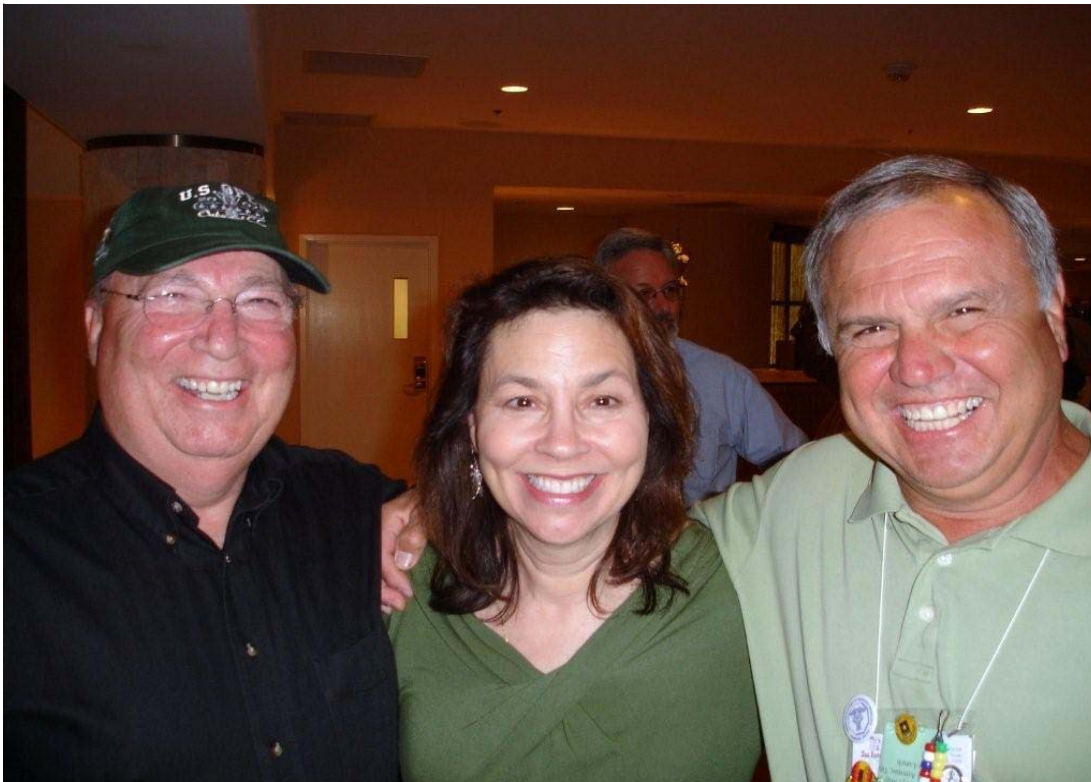
(Paypal Balance 6/30/08 \$2839.10 includes above memberships and fees)



Scenes from AAPA-OM in San Antonio

Jonathan Green, PA-C, takes a break to pose for the camera. Jonathan is one of the regular contributors to our newsletter. Below, Regina Lee receives a certificate of appreciation for her service as secretary for AAPA-OM. (Special thanks to Maria Kinickle for these photographs).





The annual conference provided time for old friends to reunite (Jack Lasoski, Jan Kozel, and Ed Sorace). Below, AAPA-OM members from across the US network during dinner at the general membership meeting.



American Academy of Physician Assistants in Occupational Medicine



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AAPA-OM is now offering electronic communications. Newsletters, membership forms, membership directories, etc. will be provided electronically to our members. Please ensure that we have your current e-mail address on file. If you do not wish to receive this information electronically, please check here. _____

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(Please check one)

- Fellow - \$75:** An ARC-PA-accredited PA program graduate or NCCPA-certified PA, who shall be employed within, or participant of Occupational Medicine. Fellow members shall be entitled to the privilege of the floor, to hold formal office, and to vote.
- Associate - \$50:** A person engaged either in selling products and/or providing other services to PAs or an individual employed by a government agency who does not qualify for any other membership category. Associate Members shall be entitled to the privilege of the floor but shall not be entitled to vote or to hold office.
- Student - \$10:** Enrolled in an ARC-PA accredited program or an unaccredited program recognized by the AAPA. Entitled to the privilege of the floor but have no vote or hold any office except for their elected Student Representative. The Student Representative shall be elected by his/her peers and enjoys all rights and privileges including formal vote except in matters relating to AAPA.
- Physician - \$75:** A U.S. licensed physician who wishes to associate with the organization. He or she shall have the privilege of the floor but shall not be entitled to vote or hold office.

Additional Areas of Support

I would like to serve AAPA-OM in the following capacity:

Membership Leadership **Newsletter (Writing/Editing Articles) Speaker / Topic** _____ **CME Planning Other:** _____ **Legal Medicine**

Referred by _____

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President

Gina E. Glass, PA-C, MS
1 Lakeview Dr NE
Iowa City, IA 52240-9142
Work: (319) 353-8868
Home: (319) 338-7323
georgina-glass@uiowa.edu

Immediate Past President

Thomas G. Powell, PA-C
1600 Joseph Dr Ste 2203
Bryan, TX 77802
Work: (979) 821-7372
Home: (979) 731-0033
tpowell@mail.st-joseph.org

President Elect

Membership Chair

Rebecca L. Chronowski, PA-C
2200 W Salzburg Rd
Midland, MI 48686-0001
Work: (989) 496-4610
Home: (989) 832-6126
r.chronowski@dowcorning.com

Secretary

Regina Lee, PA-C
75 Dewsbury Ln
Quakertown, PA 18951-1009
Work: (215) 453-4941
Home: (215) 536-4462
reglepac@yahoo.com

Treasurer (2008-2010)

Susan B. Golanski, PA-C
1961 Ashley Hall Rd
Charleston, SC 29407
Cell: 843.819.9455
susangolanski@knology.net

Student Representative

Rembert (Remy) Arnold
14628 Island Drive
Jacksonville Beach, FL 32250
Remy_Arnold@yahoo.com

Chief Delegate to HOD Newsletter Chairperson

Edward F. Sorace, PA-C
174 Monticello Pl
Elizabethtown, KY 42701-6541
Work: (270) 763-0808
Home: (270) 769-5740
esorace@hnh.net

Director at Large

Hilda R. Baesa, PA-C
9900 Derecho Dr
Austin, TX 78737-1027
Work: (512) 440-0555
Home: (512) 288-1985
hilda.baesa13@yahoo.com

ACOEM Liason

Jack C. Lasoski, PA-C
PO Box 1410
Paducah, KY 42002-1410
Work: (270) 441-5762
Home: (270) 331-3776
bullet1@comcast.net
lasoskijc@pgdp.usec.com

CME Chair

Barbara R. Fayette, PA-C
4821 N Golf Course Dr
Blaine, WA 98230-6814
Home: (360) 371-8987
Work: (360) 384-8329
bfayette@hotmail.com

CME Committee

Barbara R. Fayette, PA-C (**Chair**)
Gina Glass, PA-C, MS

Barbara J. Miller, MS, PA-C
307 S Charleton St
Willow Springs, IL 60480-1329
Home: (708) 839-2321
Work: (312) 689-3490
bmiller_pac@yahoo.com

Membership Committee

Rebecca L. Chronowski, PA-C (**Chair**)
Thomas G. Powell, PA-C
Barbara R. Fayette, PA-C

Bill Kohlhepp, DHSc, PA-C
9 Eleanor Rd
North Haven, CT 06473-1239
Home: (203) 234-7876
Work: (203) 582-5226
william.kohlhepp@quinnipiac.edu

Karl Wagner, Jr., PA-C
57813 Cider Mill Drive
Southfield, MI 48165-9482
Karl.Wagner@providencestjohnhealth.org
Work: (248) 849-3195
Home: (248) 486-4364

Alternates to AAPA HOD 2009

Rebecca L. Chronowski, PA-C
Jack Lasoski, PA-C
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AAPA-OM Manager

Toll-free: 800/596-4398
aapaom@aapa.org